Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING NVS661HOS 05/04/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 6161 W CHARLESTON BLVD SOUTHERN NEVADA ADULT MENTAL HEALTI LAS VEGAS, NV 89102 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 000 Initial Comments S 000 This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 5/4/10, in accordance with Nevada Administrative Code, Chapter 449, Hospitals, Complaint #NV00025196 was substantiated with deficiencies cited. (See Tag S0602) A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. S 602 NAC 449.394 Psychiatric Services S 602 SS=I 3. A hospital shall develop and carry out policies and procedures for the provision of psychiatric treatment and behavioral management services that are consistent with NRS 449.765 to 449.786. inclusive, to ensure that the treatment and services are safely and appropriately used. The hospital shall ensure that the policies and procedures protect the safety and rights of the patient. This Regulation is not met as evidenced by:

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

PRINTED: 05/05/2010 FORM APPROVED Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING NVS661HOS 05/04/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6161 W CHARLESTON BLVD SOUTHERN NEVADA ADULT MENTAL HEALTI LAS VEGAS, NV 89102 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S 602 Continued From page 1 S 602 Based on observation, interview, record review and document review, the facility failed to acknowledge and follow NRS 449.767, NRS 449.780 and NRS 449.786 for 10 of 10 patients reviewed. The facility failed to follow their Seclusion or Restraint of Patients policy for 10 of 10 patients reviewed.

## Findings include:

and polysubstance dependence. The treatment/medication consent form was signed on 4/27/10. The medications authorized by the patient for staff to administer were Vistaril. Ambien and Trileptal. The patient did not authorize Abilify, Haldol, Klonopin, Depakote. Zyprexa and Benadryl to be administered. There was no documented Denial of Rights for Written Consent to Medical Treatment found in the patient 's medical record. Patient #1 received an injection of Zyprexa and Ativan on 4/27/10 at 2:15 PM for agitation. There was no documented evidence of a nursing progress note found in the medical record regarding the behavior prior to and after receiving the injection. There was no documented evidence a denial of rights was completed for the chemical restraint nor was a copy of the report provided to the Health Division. B. Patient #2 was admitted to the facility on 4/15/10 with a diagnosis of schizoaffective disorder. The treatment/medication consent form was signed on 4/17/10. The medications authorized by the patient for staff to administer were Prolixin, Zyprexa, Klonopin, Ativan, Depakene, Depakote and Artane. The patient did

not authorize Seroquel, Geodon and Benadryl to be administered. There was no documented

A. Patient #1 was admitted to the facility on 4/26/10 with diagnoses including bipolar disorder

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H. Patient #8 was admitted to the facility on 4/21/10 with diagnoses including schizoaffective disorder, alcohol abuse, cannabis abuse and mild mental retardation. The treatment/medication consent form was signed on 4/26/10. The medications authorized by the patient for staff to administer were Seroquel, Ativan and Trileptal. The patient did not authorize Haldol, Zyprexa, Trazodone, Depakote or Benadryl to be

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		NVS661HOS		B. WING _		05/0	4/2010	
			STREET AD	DRESS CITY	STATE, ZIP CODE	00/0	7/2010	
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			CHARLESTON BLVD AS, NV 89102					
(X4) ID PREFIX			ID PREFIX	PROVIDER'S PLAN OF CORRECTION (X5)  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (X5)  COMPLETE DATE		COMPLETE		
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)					TAG		
\$ 602	Continued From page 5			S 602				
	administered. There was no documented Denial							
	of Rights for Written Consent to Medical Treatment found in the patient 's medical record. Patient #8 received an injection of Benadryl and Haldol on 4/25/10 for verbal altercation with							
	another patient. The patient received an injection							
	of Zyprexa on 4/28/10 for severe agitation. There							
	was no documented evidence a denial of rights							
	was completed for the chemical restraint nor was							
	a copy of the report provided to the Health							
	Division.							
	I. Patient #9 was admitted to the facility on							
	4/14/10 with diagnoses including schizophrenia,							
	disorganized type. The treatment/medication							
	consent form was signed on 4/15/10. The medications authorized by the patient for staff to							
	administer were Seroquel and Ativan. The							
	patient did not authorize Benadryl and Haldol to							
be administered. There was no documented								
	Denial of Rights for Written Consent to Medical							
	Treatment found in the patient 's medical record.							
	Patient #9 received an injection of Benadryl,							
	Ativan and Haldol on 4/23/10 for being combative							
	and again on 5/4/10 for threatening staff and							
	another patient. There was no documented							
	evidence a denial of rights was completed for the							
	chemical restraint nor was a copy of the report							
	provided to the Health Division.  J. Patient #10 was admitted to the facility on							
	5/3/10 with diagnoses including psychotic							
	disorder, amphetamine and THC abuse; rule out							
	substance induced psychotic episode and five							
	weeks pregnant. There was no signed							
	treatment/medication consent form found in the							
	medical record. The patient did not authorize							
	Benadryl to be administered. There was no							
	documented Denial of Rights for Written Consent							
	to Medical Treatment found in the patient 's							
medical record.								
Patient #10 received an injection of Benadryl,								

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